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CONFIRMATION NO. 2920

Bib Data Sheet

SERIAL NUMBER 09/620,520	FILING OR 371(c) DATE 07/20/2000 RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. GEMS:0091
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/08/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	TN	20	28	4
Verified and Acknowledged	<i>Yoder S</i> <i>bev</i> Examiner's Signature Initials				

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## TITLE

Automatic identification of medical staff training needs

FILING FEE RECEIVED 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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